

Hope for Tomorrow Children's Home

Phone: 859-276-6249 Fax: 859-276-5570 www.adoptinc.org www.hope4tomorrow.net E-Mail: adopt@adoptinc.org

Personal Letter of Reference

Аp	pplicant(s) name(s):			
	ference's Name:			
	Address:	City	State	Zip
	Phone:			
1.	. How long have you know the applicant(s) and in what capacity? Describe your relationship with them.			
2.	Please describe the applicants' marital relationship, if applicable. Please give examples.			
3.	Please reference what you feel about the ap	oplicant(s) adoptions plans.		
4.	. How would you describe the emotional and physical health of the applicant(s)?			
5.	Please name situations you have observed that reflect the ability of the applicant(s) to assume responsibility of care of another person.			
6.	. Have you observed the applicant(s) with children? If so, what was the relationship?			
7.	Do you know any reason they would not ma	ike good parents?		
8.	Would you place your child in this home? You	es or No		
9.	Please state your recommendation of the applicant(s) as adoptive parents. Do not recommend for adoption Recommend as adoptive parents Highly recommend as adoptive parents			
Sig	gnature (*If more or	Da		

(Rev. 06/12)